

# KIDDIE KAPERS 2009 - 2010 REGISTRATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Child's School: \_\_\_\_\_

Dance class location \_\_\_\_\_

Dance Teacher \_\_\_\_\_

Day/Time/class name \_\_\_\_\_

## REFUND POLICY

The fees for Kiddie Kapers is a \$15 non-refundable registration fee - \$110 class fee and a \$50 costume fee for a total of \$175 per 22 week class term. The \$110 class fee and \$50 costume fee are refundable if a request is made before 5:00 pm, October 5, 2009. I have been informed and understand that after October 5, 2009 no refunds be given. The only exception will be the cancellation of the class by the Division of Parks and Recreation. I understand that I will not receive a refund for the costume after this date for any reason.

## RECITAL COSTUME

Measurements for costumes will be taken the first week of classes by the instructors. The costumes will be ordered in October to November and they can take anywhere from 3-5 months to come in. They are made to the specifications of our order and are therefore non-refundable and non-returnable. The costume fee will not be refunded after the refund cut-off date of October 5, 2009.

We cannot express the importance of your size estimation. We strongly encourage you to estimate one size larger. Costumes can always be taken up but they cannot be let out. If alterations are needed on your child's costume, it will be your responsibility to have them made. You will be shown a picture of the costume chosen for your class prior to the order. No changes can be made once the order has been placed.

## WAIVER

As parent or guardian of the above named child, I hereby give my approval for my child's participation in the Lexington-Fayette Urban County Government Division of Parks and Recreation program that my child is registered for. I hereby release, absolve, indemnify and hold harmless the Lexington-Fayette Urban County Government, their representatives, supervisors, and employees in the event of injury to my child and waive all claims against them. I further understand that the Lexington-Fayette Urban County Government will not provide any form of medical insurance and that the Urban County Government, their representatives and supervisors will not be responsible for any expenses incurred due to any injury to my child in the program my child is registered for. I also give my permission for my child to be photographed by the Urban County Government for publicity purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	Amount PD: _____	Check #: _____	Cash: <input type="checkbox"/>	Credit: <input type="checkbox"/>
Class Assigned: _____	Teacher _____			
Location: _____	Day: _____	Time _____		